



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
www.dmas.virginia.gov

BabyCare Provider Fact Sheet

Purpose	The goal of the BabyCare Program is to improve pregnancy and birth outcomes.																		
Services Offered	<p>The BabyCare program includes two components:</p> <ul style="list-style-type: none"> • Intense care coordination/home visitation for pregnant women and infants up to age two (Maternal Infant Care Coordination – MICC) • Expanded prenatal services for pregnant women including patient education classes, nutritional services, homemaker services and substance abuse treatment services (SATS). 																		
Who is Eligible?	<p>MICC is available for pregnant women and infants up to age two who are identified as high-risk and are eligible for Fee for Service (FFS) Medicaid, FAMIS, or FAMIS MOMS. Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs.</p> <p>Expanded prenatal services are available to any pregnant woman enrolled in a FFS plan. MCOs have their own high risk maternity programs except for SATS which is covered only through DMAS.</p>																		
Service Requirements and Limitations	<ul style="list-style-type: none"> • Referral/Risk Screen required for any BabyCare service from a Physician, Nurse Practitioner or Certified Nurse Midwife <ul style="list-style-type: none"> ○ Limit of 5/11 months for maternal risk screens ○ Limit of 2/11 months for infant risk screens • Pregnant women are eligible for BabyCare during pregnancy and up to 60 days post-partum • Infants are eligible for MICC up to age two • DMAS must authorize MICC services prior to billing for care coordination • Mileage may only be billed in conjunction with care coordination services 																		
Forms	<p><u>Required for Preauthorization for MICC</u></p> <table border="0"> <tr> <td>1. Maternity Risk Screen</td><td><u>DMAS-16</u> or</td></tr> <tr> <td> Infant Risk Screen</td><td><u>DMAS-17</u></td></tr> <tr> <td>2. Maternal Care Coordinator Record</td><td><u>DMAS-50</u></td></tr> </table> <p><u>Required for Closure</u></p> <table border="0"> <tr> <td>Pregnancy Outcome Report</td><td><u>DMAS-53</u> or</td></tr> <tr> <td>Infant Outcome Report</td><td><u>DMAS-54</u></td></tr> </table> <p><u>Other BabyCare Forms</u></p> <table border="0"> <tr> <td>Service Plan</td><td><u>DMAS-52</u></td></tr> <tr> <td>Letter of Agreement</td><td><u>DMAS-55</u> or</td></tr> <tr> <td>Letter of Agreement in Spanish</td><td><u>DMAS-55-S</u></td></tr> <tr> <td>Notification of MCO Enrollment</td><td><u>DMAS-56</u></td></tr> </table> <p>* Preauthorization is not required when billing for risk screen or MICC assessment. * Attachment of Risk Screen to claim is required when billing for Risk Screen or Expanded Prenatal Services.</p>	1. Maternity Risk Screen	<u>DMAS-16</u> or	Infant Risk Screen	<u>DMAS-17</u>	2. Maternal Care Coordinator Record	<u>DMAS-50</u>	Pregnancy Outcome Report	<u>DMAS-53</u> or	Infant Outcome Report	<u>DMAS-54</u>	Service Plan	<u>DMAS-52</u>	Letter of Agreement	<u>DMAS-55</u> or	Letter of Agreement in Spanish	<u>DMAS-55-S</u>	Notification of MCO Enrollment	<u>DMAS-56</u>
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Enrollment Process	A physician, nurse practitioner or certified nurse midwife must initiate the referral of a pregnant woman or infant who meets at least one of the risk indicators identified on the Maternal or Infant Risk Screen (DMAS 16 or 17) and initiate a referral to a MICC provider. The care coordinator of the MICC program completes an assessment with the pregnant woman or caregiver of the infant, to see if the program is appropriate to meet the identified needs. The care coordinator will then request preauthorization from DMAS to enroll the recipient in MICC.		
Claims Information	BabyCare providers are agencies which have signed an agreement with DMAS. Please see the <u>BabyCare Manual</u> for specific provider requirements.		
	Description	Code	Reimbursement (Limits)
	Risk Screen (Maternal or Infant)	99420	\$10.87 (Maternal 5/11 mo.)(Infant 2/11 mo.)
	MICC Assessment and Service Plan	G9001	\$25.00 (One)
	Monthly MICC (Maternal or Infant)	G9002	\$1.35/day (bill for days actually open to MICC)
	Home Visit Travel (billable only in conjunction with G9002)	S0215	\$0.49/mile (75 miles per day without additional documentation)
	Preparation for Childbirth	S9442	\$6.00/session (6 sessions)
	Preparation for Parenthood	S9446	\$6.00/session (6 sessions)
	Smoking Cessation	S9446	\$6.00/session (6 sessions)
	Nutritional Assessment	97802	\$12.24 (One visit)
	Nutritional Follow up visit	97803	\$12.24 (Two visits)
	Homemaker Services	S5131	\$8.25/hour (Needs authorization for over 31days/124 hours)
DMAS Contacts	<p>For MICC Pre authorization: Phone: 804-786-3712; Fax: 804-786-5799; Mail: BabyCare at DMAS 600 East Broad Street Suite 1300 Richmond, Virginia 23219</p> <p>Other Program Inquiries: Email: MICC@dmass.virginia.gov Phone: 804-371-7824</p> <p>Medicaid Eligibility/Claims Inquiries: Medicaid/FAMIS eligibility or claims status may be checked via http://virginia.fhsc.com or MediCall voice response system at 1-800-884-9730 or 1-800-772-9996. MICC eligibility may be verified through MediCall. Both options are available at no cost to the provider.</p>		
MCO Contacts	AMERIGROUP	<i>Taking Care of Baby and Me</i>	1-800-600-4441
	Anthem	<i>Baby Benefits</i>	1-800-828-5891
	Optima	<i>Partners in Pregnancy</i>	1-800-881-2166
	Virginia Premier	<i>Healthy Heartbeats</i>	1-800-727-7536
	CareNet	<i>Baby Matters</i>	1-800-279-1878